2006 Iowa School Health Profiles

HIV/AIDS Education Project, Iowa Department of Education . . . . . February 2007

Administrative Summary Sheet

James R. Veale, Ph.D.

The Iowa Department of Education HIV/AIDS Education Program, through a cooperative agreement with the Division of Adolescent and School Health (DASH), National Center for Chronic Disease Prevention and Health Promotion, U.S. Centers for Disease Control and Prevention (CDC), provides assistance to schools and other youth service agencies to strengthen comprehensive school health education to prevent human immunodeficiency virus (HIV) infection, other sexually transmitted diseases (STDs), and promote healthy behaviors and attitudes. The School Health Profiles (SHP) include two questionnaires, one for school principals and one for lead health education teachers. The questionnaires were developed by the DASH/CDC in collaboration with representatives of 75 state, local, and territorial departments of education.

Methodology

The questionnaires were mailed to a random sample of 354 secondary schools containing any of grades 6 through 12 in Iowa during the winter of the 2005-06 school year. Six (6) of the 354 sampled schools were determined to be ineligible, so the effective sample size was 348 schools. Usable data were received from 273 out of the 348 eligible sampled principals, which yielded a response rate of 78.4%. Usable data were received from 275 out of 348 eligible sampled lead health education teachers, which yielded a response rate of 79.0%. Both of these response rates were judged sufficient by the CDC for "weighting" the data and making inferences about the populations of *all* principals and lead health education teachers in Iowa in 2006. These rates exceeded the projected rate of 75%, so the sample sizes were somewhat larger than those required for the established margin of error (5%) and level of confidence (95%).

The data are summarized in a final report, prepared for the Iowa Department of Education. This report is available upon request. (See "Note" below.)

Discussion: Selected Results from the 2006 Iowa SHP

In the discussion that follows, we consider three critical areas of health education: (1) HIV/AIDS and other STDs; (2) violent juvenile crime; and (3) tobacco use. Selected results from the 2006 Iowa SHP are presented relating to these areas.

1. HIV/AIDS and Other STDs: Policy, Student Behavior, and Preventive Health Education

Forty-three percent (43%) of principals indicated that their schools have adopted a policy on students or staff with HIV infection or AIDS. This was substantially below the percent who indicated they had adopted a written policy to protect the rights of students/staff with HIV or AIDS in the 2004 SHP (58%) and 2002 SHP (65%).

According to the 2005 Iowa Youth Risk Behavior Survey (YRBS) including 1,359 high school students from across the state, 27% of 9th graders, 37% of 10th graders, 48% of 11th graders, and 65% of 12th graders indicated that they had engaged in sexual intercourse. Slightly less than one-fifth of the 12th grade students indicated that they had four or more sexual partners (in their life). Engaging in sexual intercourse, especially if protection is not used, puts students at risk of becoming infected with HIV and other STDs. *Yet, during their senior year in a high school—when reported incidence of sexual intercourse was highest—only 25% of students received required health education (compared with 68% in grades 7 and 8) in Iowa in 2006.*

Most lead health education teachers in Iowa (96%) tried to increase student knowledge of HIV in required health education courses in 2006. Specifically, 92% taught abstinence as the most effective way to avoid HIV infection and 75% taught condom efficacy, but just 38% taught how to correctly use a condom—as part of required health education. However, according to the 2005 Iowa YRBS, among students who said they had intercourse during the three months prior to taking the survey, 62% of high school students indicated they or their partner had used a condom during their last sexual intercourse.

2. Violent Juvenile Crime and Violence Prevention Activities

Juvenile delinquency, as evidenced by the number of delinquency petitions, has increased in Iowa during the past decade. Teenage gang activity and gang-related crime have also increased in Iowa since the late 1980s. These are *health problems*, as well as social problems.

The challenges to those working in education, health care, juvenile justice, and human services are to (1) develop effective methods for reducing this problem and (2) ensure the provision of care for its victims. There is evidence from this profile that at least the first of these challenges is being met in the schools in Iowa. Eighty-two (82) percent of lead health education teachers in Iowa reported that they attempted to improve student knowledge in the area of violence prevention in 2006. Moreover, the skill of nonviolent conflict resolution was taught in 84% of schools in Iowa in 2006 and 62% of Iowa schools had a program to prevent bullying. Also, there is evidence that many schools in Iowa have put security measures in place, such as requiring visitors to report to the main office or reception area, using staff or adult volunteers to monitor halls, and maintaining a "closed campus." Finally, 97% of principals indicated there was a comprehensive plan for crisis preparedness, response, and recovery in the event of a natural disaster or other emergency situation at their school.

3. Tobacco-Use Policy and Prevention Education

According to the Iowa Department of Education's *Iowa Youth Survey* cited in a 1997 report by the Governor's Alliance on Substance Abuse, self-reported cigarette smoking (two or more times per week) increased among Iowa youth from 1981, nearly doubling for students in grades 6, 8, 10, and 12 to 13% overall in

1996. According to the 2005 Iowa YRBS, 22.2% of high school students reported smoking cigarettes at least once in the month prior to the survey (down from 37.5% in 1997), while 7.9% reported using smokeless tobacco during this same period (down from 12.8% in 1997).

There is evidence from this profile that schools are making an effort to control, reduce, and prevent tobacco use. It was estimated that nearly all (98%) of principals in secondary schools in Iowa have adopted a policy prohibiting tobacco use. In most cases, this applied to all school buildings, school grounds, school buses, and off-campus, school events. The most common actions taken when students are caught smoking cigarettes are to (1) refer the student to a school administrator and (2) inform the student's parent(s) or guardian(s) about her/his smoking. Policy specifically prohibiting students from using cigarettes, smokeless tobacco, cigars, and/or pipes was also reported by 95% or more of the principals. Most principals (94% or more) reported that tobacco advertising is prohibited in their schools, as is the wearing of tobacco name-brand apparel and the carrying of tobacco name-brand merchandise (97%). Finally, 60% of principals indicated that their school had posted signs marking a tobacco-free school zone (up from 52% in 2004, 46% in 2002, and 28% in 2000).

In terms of education, it was estimated that 99% of lead health education teachers in Iowa in 2006 tried to increase student knowledge in the area of tobacco use prevention. In addition, more than 90% of these teachers indicated that the following specific tobacco use prevention topics were taught in required health education courses in their schools: short- and long-term consequences of cigarette smoking and use of smokeless tobacco, benefits of not using cigarettes or smokeless tobacco, addictive effects of nicotine, how many young people use tobacco, the influence of families and the media on tobacco use, resisting peer pressure to use tobacco, and the effects of environmental tobacco smoke or second-hand smoke. Fifty-three (53) percent of health education teachers indicated they would like to receive training in tobacco use prevention; only 17% said they had received such training in the past two years.

Selected Recommendations: Health Education in Iowa and the SHP

- *Encourage additional HIV prevention training or reinforcement of earlier training for juniors and seniors in high school.*

Required health education courses should be delivered to more juniors and seniors, who are most at-risk of HIV infection because of their sexual activity. This should include skills for prevention of HIV and other STDs (e.g., resisting peer pressure and the correct use of condoms) as well as knowledge of HIV prevention (e.g., sexual abstinence, condom efficacy, and the influence of alcohol, recreational, and intravenous drugs on risk for HIV/AIDS).

- *Encourage the use of a comprehensive HIV prevention policy in all schools in Iowa.*

In the 2004 HIV policy evaluation, the Iowa Department of Education recommended the sample policy contained in the book *Someone at School has AIDS: A Complete Guide to Education Policies Concerning HIV Infection* (published by the National Association of State Boards of Education, 2001). This sample HIV policy was presented in an appendix of the evaluation report. It needs to be broadly disseminated and its use encouraged.

- *Encourage the cooperation and collaboration among the components of the support system for the delivery of health education to students in Iowa schools.*

Components of this system include local entities such as the school administration, parents, adult volunteers (e.g., mentors), community-based agencies, and the business community. Other components might include the Area Education Agency and state and federal government agencies, such as the HIV/AIDS Education Project in Iowa and the CDC. An example of where cooperation and collaboration are needed is the development of school health committees. Sixty (60) percent of schools in Iowa in 2006 had used one or more group(s) (e.g, school health council or committee) for developing policies and coordinating activities regarding health issues, according to school principals. Another example of cooperation and collaboration is in the use of peer educators, reported by 62% of the lead health education teachers in Iowa in 2006. Programs should capitalize on the fact that kids talk to other kids and utilize *positive* peer pressure to change their behavior. Both of the above percentages were higher in 2006 than in previous years, but there is still room for improvement. Collaboration is a key to success in these and other areas.

- *Use violence prevention skills training (for students and teachers) more extensively to counter increases in violent juvenile crime and delinquency.*

More emphasis should be given to teaching violence prevention *skills* to increase healthy behaviors among our youth. This should begin at the elementary level or earlier with families of newborn to pre-school age children. An example of such a program is the Drug and Violence Prevention Program at Woodbury Elementary School in Marshalltown, cited by the Iowa Department of Public Health for "best prevention practices" in 1998 and presently in its 11th year of operation. Another example is Community Connections Safe Schools/Healthy Students (CCSS/HS) in Allamakee County, where schools have utilized Olweus Bullying, Character Counts, Success 4, and other instructional incentives for positive student behavior to reduce the number of disciplinary referrals. The CCSS/HS provides birth-to-graduation services to children, youth, and families in the areas of drug and violence prevention. Both utilize cooperation and collaboration among agencies and other components of the support system in the delivery of these services.

- *The surveys should be shortened, combined with others that are conducted periodically by the Departments of Education or Health, or mailed out early in the school year (to provide ample time for principals and health education teachers to complete them).*

Administrators and teachers are experiencing greater educational challenges and are being asked to take on additional responsibilities in the education of our youth—often with very limited resources. Any of the above prescriptions should help to secure the continued excellent cooperation of principals and lead health education teachers in providing important information regarding the health education of our youth.

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[Note: The above information was extracted from the *2006 Iowa School Health Profiles*, prepared for the HIV/AIDS Education Project (Sara Peterson, Project Director), Bureau of Instructional Services, Iowa Department of Education, by Dr. James R. Veale, Statistical/Research Consultant & Educator.]